

<b>Meeting Attendees</b>	
<b>Name</b>	<b>Organization</b>
Ian McCaslin (Co-Chair)	MO HealthNet
Kathleen M. Berchermann	St. Louis Children's Hospital
Brian Bowles	Missouri Association of Osteopathic Physicians & Surgeons
Rick Bowles	MCHCP
Steve Calloway	University Hospital
John Dolejsi	CA
Laura Fitzmaurice	Children's Mercy Hospital
Teresa Gerard	Blue Cross Blue shield of KC, Kansas City Quality Improvement Consortium
Sherri Homan	DHSS
Pam Jodock	Anthem
Bethany Johnson	St. Louis Integrated Health Network
W. Joseph	Health informatics/Corporate Strategy
Jessica Land	Patek & Assoc.
Denni McColm	Citizens Memorial Healthcare
Ken McMinn	Scotland County Memorial Hospital
Patrick Mills	Missouri State Medical Association
Zachary Morgan	The MEPS Corporation
Ebrahim Moshiri	Object Computing, Inc.
Drew Oestreich	Pharmacy Agent Corporation
Mike Paasch	SSM Health Care – St. Louis
Paula Peters`	ITSD – DHSS
Vicki Plumlee	Elk River Health
Brian Roy	Availity, LLC
William Shoehigh	Microsoft and Dell
Felix Vincenz	Missouri Center for Comprehensive
Susan Wilson	Missouri Primary Care Association, MO Center for Primary Care Quality and Excellence
<b>Staff</b>	
George Oestreich	MO HealthNet
Diana Jones	MO HealthNet
Tim Andrews	Manatt Health Solutions
Melinda Dutton	Manatt Health Solutions
Kier Wallis	Manatt Health Solutions

<b>Next Meeting</b>	<p>Tuesday, January 12th, 2:30 pm – 5:30 pm Location TBD</p>
<b>Action Items</b>	<p><i>The Legal and Policy Workgroup will meet bi-weekly. In-person attendance is strongly recommended.</i></p> <p>Please contact Workgroup staff (contact information below) with questions about the Workgroup framework, process, or timeline.</p> <ul style="list-style-type: none"> <li>➤ Provide feedback and comments by January 4th to <a href="mailto:kwallis@manatt.com">kwallis@manatt.com</a></li> <li>➤ Workgroup staff will share Notice of Proposed Rulemaking (NPRM) around meaningful use when published.</li> <li>➤ Review initial environmental scan completed for the Project Application and provide feedback and additional information to <a href="mailto:kwallis@manatt.com">kwallis@manatt.com</a> <ul style="list-style-type: none"> <li>○ Project application is accessible at <a href="http://dss.mo.gov/hie/action/index.shtml">http://dss.mo.gov/hie/action/index.shtml</a>; see Project Narrative</li> </ul> </li> <li>➤ Review draft Strategic Plan content prior to the next meeting <ul style="list-style-type: none"> <li>○ Workgroup members will be notified via email when draft Strategic Plan content is posted for review.</li> </ul> </li> <li>➤ Workgroup participants to send suggestions of additional stakeholders to <a href="mailto:ckrebs@primaris.org">ckrebs@primaris.org</a>.</li> </ul>
<b>Content Reviewed</b>	<ul style="list-style-type: none"> <li>➤ Immediate deliverables for ONC Strategic Plan</li> <li>➤ Workgroup process <ul style="list-style-type: none"> <li>○ Information is being gathered in Workgroup meetings and stakeholder interview that will be reflected in the draft Strategic Plan</li> <li>○ The Workgroup will review and provide feedback on the draft Strategic Plan at the next Workgroup meeting; subsequently the draft Strategic Plan will be shared with the Advisory Board</li> </ul> </li> <li>➤ Health information Technology for Economic and Clinical Health (HITECH) Act and Medicare/Medicaid meaningful use incentives <ul style="list-style-type: none"> <li>○ HIT Policy Committee meaningful use recommendations and policy priorities</li> </ul> </li> <li>➤ Stakeholder feedback received to date via the web survey and email</li> <li>➤ HIE services required in the funding opportunity announcement (FOA) <ul style="list-style-type: none"> <li>○ Electronic eligibility and claims transactions</li> <li>○ Electronic prescribing and refill requests</li> <li>○ Electronic clinical laboratory ordering and results delivery</li> <li>○ Electronic public health reporting (i.e. immunizations, notifiable laboratory results)</li> <li>○ Quality reporting</li> <li>○ Prescription fill status and /or medication fill history</li> <li>○ Clinical summary exchange for care coordination and patient engagement</li> </ul> </li> <li>➤ Proposed criteria for prioritization of HIE services <ul style="list-style-type: none"> <li>○ Support for meaningful use</li> <li>○ Anticipated value</li> <li>○ Expected level of difficulty</li> </ul> </li> </ul>
<b>Key Commentary &amp; Discussion</b>	<p><b>What Questions Must Be Answered? Discussion</b></p> <ul style="list-style-type: none"> <li>➤ The questions posed are divided into two categories “easier” and “harder.”</li> <li>➤ The Workgroup briefly discussed participation in the Nationwide Health Information Network (NHIN) and expressed interest in pursuing NHIN participation within the states, acknowledging the associated costs may</li> </ul>

pose a barrier for some providers. The Workgroup was not aware of any initiatives currently connected to the NHIN.

#### **Meaningful Use – Discussion**

- Centers for Medicare and Medicaid Services (CMS) has not yet issued the Notice of Proposed Rule Making (NPRM) around meaningful use; the NPRM is anticipated by the end of the year (2009)
  - The NPRM will be available for public comment for 60 days following its release.
- State Medicaid programs will have the ability to build upon the CMS definition of meaningful use and set additional requirements for the State Medicaid program
- Certification bodies for meaningful use have not yet been identified.

#### **HIE Services and Prioritization Criteria – Discussion**

- The identification and prioritization of HIE services requires coordination with the Technical Infrastructure Workgroup; the Technical Infrastructure Workgroup is focused on the implementation of prioritized services.
  - The Technical Infrastructure Workgroup will also address core services (e.g. Master patient index (MPI); Record locator service (RLS))
- Aside from the seven services identified in the FOA, are there others that should be considered that would be beneficial to Missouri?
  - Immunization registries should be two-way
  - PACS images/radiology images and reports
  - Social and family histories
  - Advanced directives
  - Information prescriptions to inform coordination of care
  - Real-time adjudication of pharmacy claims
  - Statewide multi-payer portal
  - Secondary uses of data
    - Research, including comparative effectiveness research (CER)
    - Payer access to data for care management
- Some services may be more actionable than others. For example:
  - Laboratory data is not standardized across the country; the Workgroup requested that the Environmental Scan that is part of the Strategic Planning process look at the availability of lab data in Missouri
  - Electronic prescribing (e-prescribing) currently utilizes a national network and adheres to standards to ensure successful transactions
- The Workgroup agreed that clinical services should be prioritized to address the needs of providers
- HIE services should be discussed in the context of workflow; Regional Centers (RCs) are being funded to provide workflow and implementation support for providers.
- HIE services should be patient-centric and address all patients.

#### *Prioritization Criteria*

- Aside from the proposed criteria, are there other criteria that should be considered when prioritizing HIE services? The Workgroup suggested additional criteria and amendments to the proposed criteria including:

<b>Key Decisions</b>	<ul style="list-style-type: none"> <li>○ Impact on vulnerable and uninsured populations</li> <li>○ Redundancy of proposed HIE service and current services/capabilities</li> <li>○ Transparency</li> <li>○ Providers' abilities to implement and utilize technology</li> </ul> <ul style="list-style-type: none"> <li>➤ The Workgroup suggested that value should not be equally weighted with difficulty; the components related to value should be addressed individually</li> <li>➤ HIE services may be prioritized on an annual (or more granular timeline) basis to meet meaningful use requirements.</li> <li>➤ The Strategic Plan should address the process and criteria for prioritization of HIE services.</li> </ul> <p><b>Workgroup Suggestions for Future Content</b></p> <ul style="list-style-type: none"> <li>➤ Look to the Veteran's Administration to provide lessons learned</li> <li>➤ The Workgroup would like to understand the current state of electronic public health reporting and the availability of claims data in Missouri.</li> </ul>
	<ul style="list-style-type: none"> <li>➤ The Workgroup agreed that clinical services should be prioritized.</li> <li>➤ HIE services should be patient-centric and address all patients, not just Medicare and Medicaid patients.</li> <li>➤ "Value" criteria should be separated and individually weighted; overall "value" should be greater than "difficulty" criteria.</li> <li>➤ The Workgroup agreed that the Technical Infrastructure Workgroup would address core services and that the Business and Technical Operations Workgroup should operate under the assumption that there will be adequate infrastructure to support HIE services.</li> </ul>
	<p><b>Next Meeting</b></p> <ul style="list-style-type: none"> <li>➤ Review and provide feedback on draft Strategic Plan content to be shared in advance of the meeting.</li> <li>➤ Continue discussion of HIE service prioritization and criteria.</li> </ul>
<b>Workgroup Staff Contact Information</b>	<ul style="list-style-type: none"> <li>➤ George Oestreich - <a href="mailto:George.L.Oestreich@dss.mo.gov">George.L.Oestreich@dss.mo.gov</a></li> <li>➤ Tim Andrews - <a href="mailto:tandrews@highpine.com">tandrews@highpine.com</a></li> <li>➤ Melinda Dutton - <a href="mailto:mdutton@manatt.com">mdutton@manatt.com</a></li> <li>➤ Kier Wallis - <a href="mailto:kwallis@manatt.com">kwallis@manatt.com</a></li> </ul>